

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application of Steve G. Hamilton for a Class C
Charter Certificate of Public Convenience and
Necessity

191527
BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2008-119-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: Steve G. Hamilton

Telephone: 843 815 6127

Address: 4921 Bluffton Pkwy, Suite 1533
Bluffton, SC 29910

Fax:

Other:

Email:

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Attn: Docketing Department

101 Executive Center Drive

Columbia, SC 29210

(Mailing address: Post Office Box 11649, Columbia, SC 29211)

Office # (803) 896-5100 - Fax # (803)-896-5199

CLASS C - CHARTERDATE 3/17, 2008**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Steve E. Hami Han

2. (a) Street Address of Applicant 4921 Bluffton Pkwy,
Suite 1533, Bluffton, SC 29910

(b) Mailing address, if different from street address _____

(c) Telephone Number 843-815-6127

Fed ID # 1

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)
4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

JBS

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month: March Year: 2008

Assets:	
Cash	\$14,000.00
Receivables	5,000.00
Real Estate	0
Buildings and Equipment-Net	0
Motor Vehicles-Net	17,000.00
Garage Equipment-Net	0
Machinery and Tools-Net	1,000.00
Supplies on Hand	1,000.00
Prepays and Other Assets	
Total Assets	38,000
Liabilities and Equity:	
Accounts Payable	0
Notes Payable	17,000.00
Mortgages Payable	0
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	0
Total Liabilities	17,000.00
Capital Stock	0
Retained Earnings	0
Total Equity	0
Total Liabilities and Equity	17,000.00

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

I, Steve Hamilton, Sole proprietor
(Name of Applicant's Representative) (Title)

of Steve Hamilton, the Applicant for the Certificate of Public
(Applicant)

Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above Application are true and correct.

SWORN TO BEFORE ME

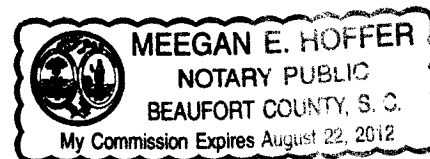
At Beaufort County SC

This the 17th day of March 2008

Megan E. Hoffer
(Notary Public)

Steve Hamilton
(Signature of Applicant's Representative)

Commission Expires: August 22, 2012



CHARTER _____

Limo, Car Service

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant Steve Hamilton

For the transportation of passengers as follows:

Area to be served: South Carolina, Georgia specifically-
Charleston, Hilton Head, Bluffton, SavannahNumber of passengers: 1-7 PassengersFares: \$50.00 per hour, \$75.00 per hour (market prices)Lincoln - Cadillac Town Car Service,
Limo Service

Date

3/17/08

By

Steve Hamilton

Title

Sole Proprietor

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

DESCRIPTION OF EQUIPMENT

YEAR	MODEL & MAKE	VIN #	WEIGHT EMPTY	CARRYING CAPACITY *
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Have not procured vehicles.
 Will be town car, 6 passenger limo ²⁰⁰⁷₂₀₀₈

* Seats if passenger carrier.

Date:

3/17/08

Steve Hammon

(Applicant)

(Applicant's Representative)

(Title)

INSURANCE QUOTE

The following insurance quote is for: Stephenson Hamilton
BMAE Ins.
(Name of Motor Carrier)

(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 1772.00

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

✓ 1 - 7 passengers - 25,000/50,000/25,000
8 - 15 passengers - 25,000/100,000/25,000

BMAE

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

3/21/08
Date


COASTAL PLAINS INSURANCE
OF THE LOWCOUNTRY

RACHEL A. GARCIA
Commercial Account Manager

6 Johnston Way • P.O. Box 1079 • Bluffton, SC 29910-1079
843.706.3006 • Fax: 843.706.3007 • Email: rachel@coastalplains.com

/07

GMAC Insurance

Prepared For:

Stephen Hamilton

Prepared By:

Coastal Plains Ins LowCtry Inc

Effective Date: Mar 20, 2008

Date Quoted: Mar 20, 2008

Revision Date: Jan 01, 2007

Business Type:

Services

Other service

Entity: Individual

Term: Annual

B/DPD: 500 CSL

UMPD:

On Hook:

UMBI: 500 CSL

UIMPD:

Hired/Non-owned:

No

UIMBI: 500 CSL

Med Pay:

1000

Discounts/Surcharges

Vehicle	Year	Symbol	Zip/Terr	Class	Use	Stated Amt	Radius	Comp/Coil
1	2003	12	29910/55	C	B	30000	101-200 miles	1000/1000

Driver	Name	Age/Sex/Marital	SR-22	Pts	Excluded
1	Stephenson Hamilton	56/M/S	N	0	No

PREMIUM

Vehicle	1
CSL	\$726.00
Med Pay	\$34.00
Comp	\$181.00
FTGAC	\$0.00
Collision	\$445.00
UMCSL	\$179.00
UIMCSL	\$207.00
On-Hook	\$0.00
Hired	\$0.00
Non-owned	\$0.00
Vehicle Total	\$1,772.00

POLICY SUBTOTAL \$1,772.00

Additional Insured(s) \$0.00

SR22 Fees \$0.00

Total Fees: \$0.00

TOTAL PREMIUM \$1,772.00

Payment Plan	Down Payment	Installments
EFT - 10% Down, 11 Installments	\$177.20	\$145.98
11 Pay Plan - 10% Down, 10 Installments	\$177.20	\$164.48
10 Pay Plan - 16% Down, 9 Installments	\$266.80	\$172.36
7 Pay Plan - 25% Down, 6 Installments	\$443.00	\$226.50
4 Pay Plan - 25% Down, 3 Installments	\$443.00	\$448.00
Paid in Full	\$1,772.00	\$0.00
Premium Finance	\$1,772.00	\$0.00

NOTE: THIS IS A QUOTE ONLY. FINAL PREMIUM SUBJECT TO VERIFICATION OF INFORMATION PROVIDED.
QUOTES ARE VALID FOR 30 DAYS.

EXHIBIT FWA

Name: Steve Hamilton

Address: 4921 Bluffton Pkwy Suite 1533

Telephone No. 843-814-6127 **Fax No.** 800-781-1547

U.S.D.O.T. No. _____

ICC No. _____

1. Does Applicant have a Safety Rating from the U.S.D.O.T.?

Yes _____ No ☒ Pending _____ (Submit when received)
(If "yes", indicate rating and provide copy) Satisfactory _____

Conditional _____

Unsatisfactory _____

2. Have any of Applicant's drivers or vehicles been placed "out of service" by Transport Police safety officers in the past twelve (12) months?

Yes _____ No ☒

3. Are there currently any outstanding judgment (s) against Applicant?

Yes _____ No ☒
(If "yes", indicate nature of judgment(s).)

4. Is Applicant familiar with all statutes and regulations, including safety regulations, governing for-hire motor carrier operations in South Carolina and does applicant agree to operate in compliance with these statutes and regulations?

Yes ☒ No _____

5. Is the Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

Yes ☒ No _____

(The attached Insurance Quote form must be completed, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide copy of insurance policies unless requested.)

Steve Hamilton
(Applicant's Signature)

Sworn to before me

At Beaufort County, SC

This 17th day of March, 2008

Megan E. Hoffer
(Notary Public)

Commission Expires: August 22, 2012

